

<b>REQUEST FOR VERIFICATION OF BIRTH</b>		<b>1. DATE OF REQUEST</b> (YYYYMMDD)		Form Approved OMB No. 0704-0006 Expires Nov 30, 2004	
<p>The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0006), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS LISTED AT THE BOTTOM OF THE FORM.</b></p>					
<b>SECTION I</b> (Fill in every item in this section)					
<b>2. FULL NAME OF CHILD AT TIME OF BIRTH</b> (Last, First, Middle Names)			<b>3. SEX (X)</b>		<b>4. DATE OF BIRTH</b> (YYYYMMDD)
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<b>5. PLACE OF BIRTH</b>					
<b>a. CITY</b>		<b>b. COUNTY</b>		<b>c. STATE</b>	
<b>6. FULL NAME OF FATHER</b> (Last, First, Middle Names)			<b>7. MAIDEN NAME OF MOTHER</b> (Last, First, Middle Names)		
<b>8. PERSON MAKING REQUEST</b>					
<b>a. NAME</b> (Last, First, Middle Initial)		<b>b. RANK/GRADE</b>		<b>c. SIGNATURE</b>	
<b>d. TITLE</b>					
<b>SECTION II</b> (For use of vital statistics only)					
<b>9. CORRECTIONS OF ABOVE STATEMENT MADE ACCORDING TO FACTS ON FILE BY:</b>					
<b>a. NAME</b> (Last, First, Middle Initial)			<b>b. ORGANIZATION</b>		
<b>c. ADDRESS</b>					
<b>(1) STREET</b>		<b>(2) CITY</b>		<b>(3) STATE</b>	<b>(4) ZIP CODE</b>
This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are confidential and cannot be used in any manner except for official purposes.			<b>10. CERTIFICATE NUMBER</b>		<b>11. FILE DATE</b> (YYYYMMDD)
<b>12. VERIFIED BY</b> (Signature)				<b>13. DATE SIGNED</b> (YYYYMMDD)	

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DD FORM 372, JAN 2002

PREVIOUS EDITION IS OBSOLETE.

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RETURN TO RECRUITER STATION:

